



Florida Department of Agriculture and Consumer Services
Division of Plant Industry

CANNABIS SAMPLE SUBMISSION FORM

NICOLE "NIKKI" FRIED
COMMISSIONER

Section 581.217, F.S. / 5B-57.014(2), F.A.C
Post Office Box 147100, Gainesville, FL 32614-7100 / (352)395-4700

This form is to be submitted with each representative hemp sample collected for THC analysis. A separate form is required for each representative sample. Sampling must be done in accordance with Rule 5B-57.014(8), F.A.C.

License Number: _____ Date Sample Collected: _____

Collector: _____ Date Sample Submitted to Lab: _____

Lot Planting Date: _____ Anticipated Harvest Date: _____

Responsible Person Information:

Business Name: _____

Address: _____
Street or PO Box City State Zip Code

Email Address: _____ Phone: _____

Variety and Growing Location:

Lot Numeric Designation: _____ Strain/Variety: _____

Cultivation Location: _____
Street or Parcel Number or GPS City State Zip Code

Acreage or Square Footage Sampled: _____

Number of clippings or draws included in this representative sample: _____

Sample Type: Field Hemp Nursery Stock Post Harvest Material

Responsible Person Signature: _____ Date: _____

Inspector/Sender Signature: _____ Date: _____

Lab Receiver Signature: _____ Date: _____

Laboratory Sample Number: _____

For Department Use Only

Purpose of Collection: <input type="checkbox"/> Confirmatory <input type="checkbox"/> Investigative <input type="checkbox"/> Other _____
Container Type: <input type="checkbox"/> Bulk <input type="checkbox"/> Bag/Small Container <input type="checkbox"/> Other _____ Number of Packages sampled _____
Number of Packages on Hand _____ Net Weight per Package _____

Remarks: _____